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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	9072-2
First Inventor	Dr. Charles Gordon, M.D.
Title	Artificial Functional Spinal Unit Assembly
Express Mail Label No.	EU408873393US

10/60155  
I7302 U S P T O  
09/11/03

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 30]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 19]
- Oath or Declaration [Total Sheets 1]
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**  
Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  Paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of *(when there is an assignee)*  Attorney
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: 10/634950.....

Prior application information: Examiner Unknown Art Unit: Unknown  
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number: \_\_\_\_\_ OR  Correspondence address below

Name	Adams and Reese, LLP			
Address	4500 One Shell Square			
City	New Orleans	State	Louisiana	Zip Code
Country	USA	Telephone	504 585-0449	Fax

Name (Print/Type)	Frank C. Rybeld	Registration No. (Attorney/Agent)	51,660
Signature			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# FEE TRANSMITTAL

## for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 375.00)

## Complete if Known

Application Number	
Filing Date	September 11, 2003
First Named Inventor	Dr. Charles Gordon, M.D.
Examiner Name	
Art Unit	
Attorney Docket No.	9072-2

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number \_\_\_\_\_  
Deposit Account Name \_\_\_\_\_

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	375
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 375)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	13	Extra Claims	Fee from below
Independent Claims	1	-20** = 8	X =
Multiple Dependent		- 3** = 8	X =
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	FRANK C. Eymard	Registration No. (Attorney/Agent)	51,660 Telephone (504) 585-0449
Signature		Date	September 11, 2003

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANT: Dr. Charles Gordon, et al. ATTY DOC #: 9072-2

SERIAL NO.: Unassigned ART UNIT: Unassigned

FILING DATE: September 11, 2003 Examiner: Unassigned

TITLE: "Artificial Functional Spinal Unit Assemblies"

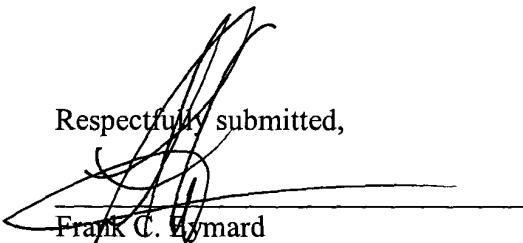
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**EXPRESS MAIL CERTIFICATE**

I hereby certify that the following papers or fees (along with any referred to as being attached or enclosed) are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 C.F.R. 1.10 on the date shown below in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Certificate;  
Patent Application, 30 pages;  
Drawings, 19 pages;  
Utility Patent Transmittal Sheet;  
Fee Transmittal Sheet;  
Return Postcard; and  
Check in the amount of \$375.00.

Respectfully submitted,

  
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